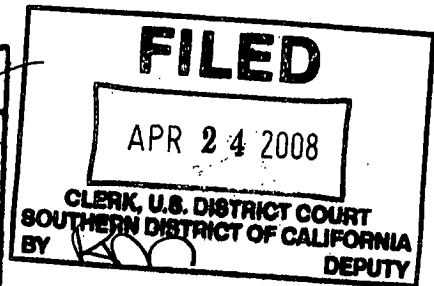


MANUEL TAMAYO TORRES JR.
 PLAINTIFF/PETITIONER/MOVANT'S NAME
V12118
 PRISON NUMBER

SAUNAS VALLEY STATE PRISON
 PLACE OF CONFINEMENT
PO BOX 1050 SOLEDAD CA, 93960
 ADDRESS

2234	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HFP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	Press	<input checked="" type="checkbox"/>



**United States District Court
 Southern District Of California**

MANUEL TAMAYO TORRES JR.
 Plaintiff/Petitioner/Movant

v.

(CDW) MIKE EVANS
 Defendant/Respondent

Civil No. **'08 CV 0761 BEN NLS**

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, MANUEL TAMAYO TORRES JR. CDC# V12118

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration SAUNAS VALLEY STATE PRISON

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. SAN DIEGO BLOOD BANK 2003, I WAS
STARTING AT \$10⁵¹ I DONT RECALL EMPLOYERS NAME, ONLY ATTENDED TRAINING.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. I RECEIVE \$20⁰⁰ \$50⁰⁰ A MONTH. CALL IT A GIFT

COMING FROM SO CALLED GRANDMA.

4. Do you have any checking account(s)? ☒ Yes ☐ No

- a. Name(s) and address(es) of bank(s): BANK OF AMERICA, SAN YSIDRO CA, 92173. SAN YSIDRO BLVD.
 b. Present balance in account(s): 0.00

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

- a. Make: CHEVROLET/TOYOTA Year: 1991-92/99 Model: LUMINA / COROLLA
 b. Is it financed? ☒ Yes ☐ No
 c. If so, what is the amount owed? \$2,500 ON TOYOTA LICENSE PLATE #46GR 613

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. _____

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): ^① AT&T TELEPHONE

^② COMPANY. SAN DIEGO \$300-350, ^③ CINGULAR WIRELESS SAN DIEGO \$1,500, ^④ BLOCKBUSTER VIDEO
PALM AVE. SAN DIEGO AMOUNT NOT KNOWN, ^⑤ NORTH ISLAND HOSPITAL WAIT IM COVERED, ^⑥ BANK
OF AMERICA LATE FEES. SAN YSIDRO CA,

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): CHEVROLET LUMINA 1991-92, NOT MINE BUT STILL UNDER MY NAME.

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

4/6/08

DATE

mal [signature]

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant _____
 (NAME OF INMATE)

 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ _____

and the *average monthly deposits* to the applicant's account was \$ _____

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, MANUEL TORRES JR. CDC#V12118, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☒ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

4/6/08

DATE

Manuel Torres Jr.

SIGNATURE OF PRISONER

4/20/08

To the clerk of U.S. district court
i declare under perjury that the statement i
give is true and correct under penalty of perjury.
i mailed the first civil complaint out on 4/6/08
it was returned on 4/13/08. all forms were there
civil complaints and in forma pauperis with prison
certificates for the 6 month statement from the
trust account office to fill-out. They refused
on filling out the form and returned it twice
with a memo saying the one Counselor partida
must sign the prison certificate for approval. The
trust account office is who provides the 6 month
account statement not the counselor the one
Counselor partida is on my civil complaint and i
do think they took copies of my complaint, the
authority figure in trust account office making the
print out for the court must sign prison certificate
under per 28 USC § 1915(a)(2). Im in serious condition
health condition due to Medical Mal-practice to Grisofulvin
and Psychiatric Mal-practice to Buspirone i've been
refused Medical service and out of nowhere they
called me in saying they were bucking an O.R. or
something after they went through my civil complaint.
Their still lying to me to draw blood and throw me in
the hole i don't trust them and their service.

As you look at my civil complaint suit you'll understand why this institution is making this difficult for me. The trust account office will not give me a authorized signature and the counselor is nowhere to be found. The rules say prison certificate must be filled out, i send this trust account statement with this one original civil suit and three copies of the informing pauperis. 2 more copies could be made if it's no bother to you the clerk this is very important if i could get the finance without trouble, i can't even get the trust office to send \$5.00 for the filing fee. Incase this is not possible i will continue to try to get the CCI Counselor Partidas signature. I am filing on false c-file and the court has five days to pick it up very important. D.N.A identification blood analysis, the only way to mail out is direct to the clerk without trust account office stop. If you the court call i just don't want the counselor's saying what are you guys talking about i am asking for polygraph test it's under law.

4/20/08

I got a print out for my last 4 months would the court finance me on in form pauperis or would i really need that authority signature. I will only let the court draw blood from my arms, so if they call me in its only because they read my suit, could you the clerk call to make sure my civil complaint goes out. I've recently been financed i only do things by the rules. Thank you for your time and patience.

Manuel Tamayo
Torres Jr.
VIZ118
4/20/08

If incase there a problem could i please have my civil complaint this original mailed back i do seek justice and in my situation i mail this out i do know the rules.